

Propane Pressure Test / Leak Check



DEPARTMENT OF
PUBLIC SAFETY

Date of Test

Name of Mobile Food Vending Unit: _____

Name of Owner: _____ Phone: _____

Owner Address: _____

City: _____ State: _____ Zip Code: _____

Unit Type: (Check One) Mobile Food Truck Mobile Food Trailer Pushcart

Unit License Plate: _____ State: _____ Unit VIN: _____

Type of Gas Appliance and BTU Rating

- _____
- _____
- _____
- _____
- _____

Test Performed

| | | | |
|--|--------|---|--------|
| Leak Test - 10 Minute Minimum (Check One) | Passed | Pressure Test - 3 Minute Minimum (Check One) | Passed |
| | Failed | | Failed |

Comments: _____

Business Name: _____ Test Technician : _____

Business Address: _____ City: _____ State: _____

Zip Code: _____ Business Certification # _____

Business Phone: _____ Business Fax: _____ Business E-Mail: _____

Form Completed By _____ Date _____

Mobile Food Vending Unit Owner's Name _____ Date _____

Note: Test provider must email the completed form to cfdmfvinfo@columbus.gov & mfv@columbus.gov. Also, provide the customer a printed copy and an emailed copy.

Questions? - Please email questions to the above emails. You can also call or text 614-206-6809 or call 614-645-6854, if you get a voicemail be sure to leave a message. **Test can be performed by any Propane Specialist or Licensed Plumber that can perform the required test.**